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THE LOS ANGELES JOURNAL OF ELECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL
ISSUED MONTHLY

JANUARY, 1921

O. C. WELBOURN, A. M., M. D., Editor
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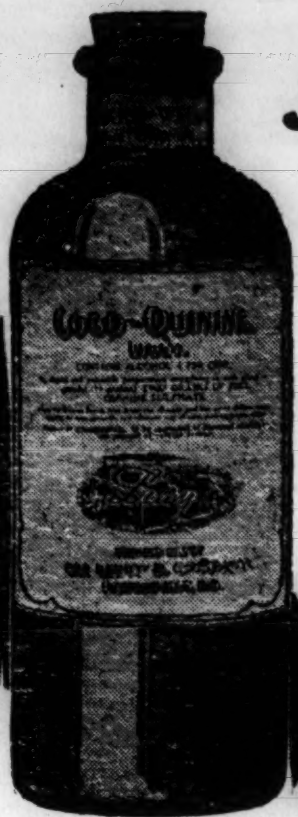
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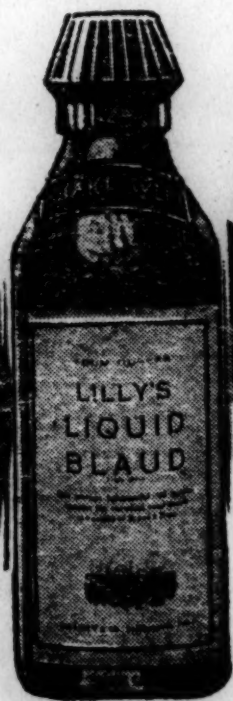


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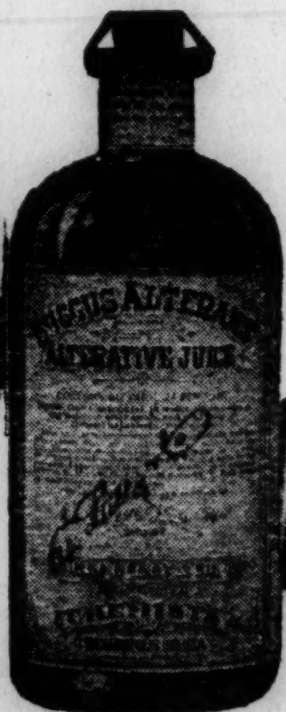
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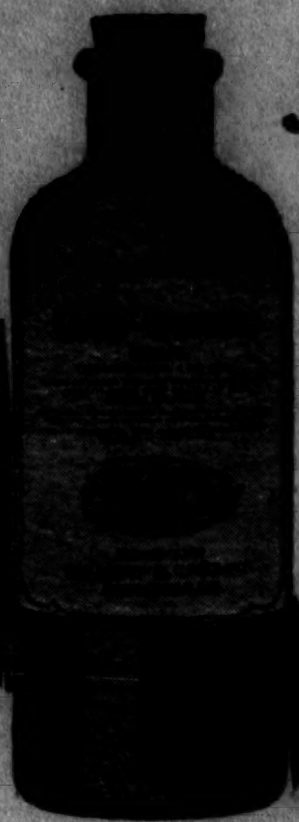
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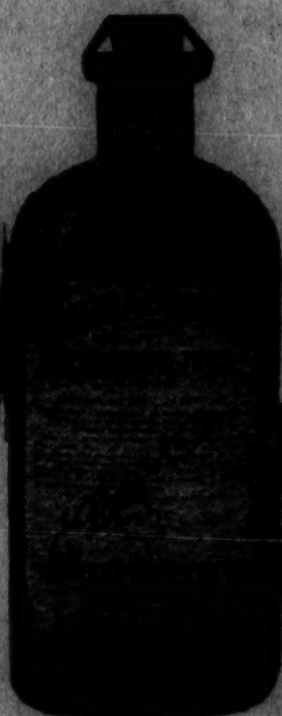
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TO THE
ATTORNEY GENERAL

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Fanning the Flame to put out the Fire

“**F**ANNING the Flame,” is exactly what is being done when ice packs are used in treating pneumonia. Cold applications to the chest will drive the blood from the the superficial circulation to an already congested and engorged lung.



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SUMMARY OF REPORTS FROM ONE THOUSAND PHYSICIANS

Remedies named as most useful in INFLUENZA

Aconite	788
Gelsemium	772
Bryonia	707
Macrotys	384
Veratrum	353
Eupatorium	328
Lobelia	324
Asclepias	268
Ipecac	236

Remedies named as most useful in PNEUMONIA

Bryonia	723
Aconite	617
Veratrum	576
Lobelia	468
Ipecac	411
Asclepias	366
Gelsemium	293
Belladonna	169
Sanguinaria	134

Many physicians found it impossible to name **any** remedy as of "most importance," stating, very truly, that **each** is "most important" when its use is indicated. Others named two or more as most serviceable, giving usually the conditions under which each was used. **For example**, "Gelsemium is most frequently indicated, but where **sepsis** is marked, Echafolta or Echinacea becomes most important." A typical answer, often made, is as follows: "In nearly every case I find indications for **three** remedies—Gelsemium, Macrotys and Eupatorium." Again, "Aconite for fever, Eupatorium for bone-ache, and Macrotys for muscular soreness."

EXTERNAL APPLICATIONS

Libradol	618	Camphorated Oil	62
Compound Emetic Powder	185	Onion Poultice	38
Turpentine Applications	110	Iodine Applications	14
Antiphlogistine	96	Scattering	120
Mustard Applications	72		

Under "Scattering," are included many private prescriptions, as well as such applications as "mush jacket," "flaxseed poultice," "quinine and lard," and one each of the following: "capsicum, mustard and tar," "tobacco and wheat flour," "snuff and black pepper." "Dry cupping" finds one advocate.

It is often stated: "When I cannot get Libradol I use the best attainable substitute," hence many of the above may be considered as emergency applications.

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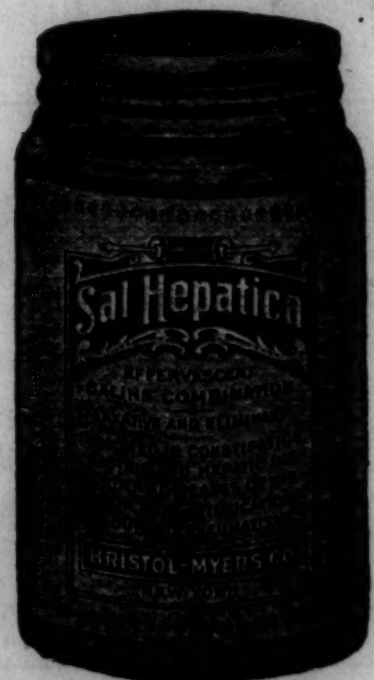
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The California Eclectic Medical Journal

Vol. ~~XLII~~ ~~XLIV~~

JANUARY, 1920

No. 1

:: Original Contributions ::

DON'T WRECK THE RECTUM

Albert J. Atkins, M. D., San Francisco, Cal.

In my years of experience, I have seen many of these wrecks, for much butchery is done upon this abused organ, which in itself will respond to kind and gentle treatment.

I here recite some of the unusual cases that have come under my observation during the past year.

Case No. 1.—Obstipation: A girl of eight years, perfectly healthy, ate heartily, all organs seemed normal, yet upon examining the rectum, I found the anus no larger than a pencil and the patient suffering from obstipation, as more than fifteen pounds of faeces loaded the colon and intestinal tract. There was a slight, constant leakage, which caused the child much discomfort, as she was excluded from school and forced to wear a napkin constantly, much to her chagrin.

This condition I endeavored to relieve by digital dilatation and with many enemas, which partially succeeded, and the child was much better, all the swelling of the abdomen subsided, the leakage stopped and the bowels moved naturally. But, as the obstipation would re-occur every few months, dilatation was not heroic enough to make a permanent cure, so without a promise of success, I gave a general anaesthetic. With a bi-valve speculum I divulged the sphincter muscle one and a half inches; then I cut the anterior and posterior flap of the muscle in a V-shape and broke up all the adhesions. After two days the patient left the hospital and the result has been complete and perfectly satisfactory. I never saw or read of a previous case of this kind.

Case No. 2.—Fistula: A man of fifty years, and the case had been operated on twenty years ago, the scar tissue show-

ing numerous sinuses had been dissected, still the patient had fair control of sphincter action.

When I first observed the case, I promised the man nothing, yet I discovered on the left leg, about ten inches from the seat of the fistula, a discharging abscess. This I opened, curetted and gave surgical drainage. Later I found a sinus leading from the abscess to the posterior culdesac of the rectum and around the coccyx. I further found the patient with internal hemorrhoids, which I removed under local anaesthesia, and this gave relief. By washing the long sinus leading from the left leg to the various parts and giving surgical drainage, the sinuses gradually almost ceased to discharge.

At this point I began to use the Bismuth Paste treatment, which in this case showed marked benefit, but the case, of course, was not an entire cure on account of the vast area involved.

I realized from the start the inadvisability of a heroic operation under anaesthesia, as my whole object was to relieve and give comfort to a badly afflicted human being.

Case No. 3.—Prolapsus: A young woman of thirty years with a case of complete prolapsus of the gut for ten inches, with vaginal prolapsus in connection with it.

General anaesthesia and operation, assisted by a gynecologist. We did Perineorrhaphy and repaired the levator ani muscles, stitching them to the walls of the posterior region, then dissecting an upper portion of the anterior sphincter, removed a V-shaped portion thereof, bringing the parts into juxta position, sewing together, we succeeded in making the anus normal size.

We carefully strapped the patient to keep the parts in position and from breaking stitches, moved the bowels every day with low enema, and in two weeks the patient was discharged entirely cured, much to the pleasure of the lady and to the surprise of the physicians.

Case No. 4.—Fissure: One of the most common and painful of all rectal diseases is fissure of the anus. When it involves the upper border of the sphincter muscle, my experience has taught me that the most practical method to secure a permanent result is to give a general anaesthetic. First divulge the muscle with one finger of a gloved hand, then two fingers, three fingers, and finally with a bi-valve speculum divulge to the full capacity of the anus, curetting the serated edges of the fissure, which is often ulcerated, applying 3% iodine. I leave no packing in whatever, unless there is

profuse hemorrhage, using the usual binder and gauze pad. Two days is the usual time for a patient to remain in the hospital with a fissure.

Another most practical fact is to use low boric acid enemas about one pint, to move the bowels daily, after all rectal operations.

IMPRESSIONS OF PHOENIX AND THE SALT RIVER VALLEY

J. A. Munk, M. D., Los Angeles, Cal.

I made my thirty-sixth annual trip to Arizona recently, going direct to Phoenix, in the Salt River Valley, where my good friends, Colonel and Mrs. J. H. McClintock, took me in hand and gave me a most enjoyable week of delightful entertainment. The Colonel is a good scout and guide, and he took me to a number of interesting places that I never had seen before, but was glad to visit.

He has lived in Arizona forty-one years, during which time he has been the local correspondent of the Los Angeles Times and of other newspapers, and is entirely familiar with the country and its history. He is a frequent contributor to the magazines and has written many books. He was captain of a company in Theodore Roosevelt's regiment of Rough Riders in the Spanish War, and was seriously wounded in the battle of Las Guasimas in Cuba, from which he has not yet fully recovered.

In 1916, Colonel McClintock published a large three-volume history of Arizona, which is generally recognized as the most complete history of the State that has been printed. He is now the State Historian, and has nearly ready for the press three books, entitled "The Mormon Settlements of the Southwest," "Arizona Nomenclature," and "A Popular History of Arizona."

Such a history is needed to teach the children what a rich heritage is theirs. Arizona history dates back to the Narvaez Expedition, of which Cabeza de Vaca was a member, when it landed on the Florida Coast, and from that time on until now the story has steadily increased in interest. It seems a far cry from Arizona, but it is the real origin of its history and the beginning of our literature. Arizona's lamp of knowledge cannot be hid under a bushel, and the Colonel is helping its light to shine more brightly.

I visited the Cactus farm of the late Dr. R. E. Kunze, that

is now occupied by his nephew, to get some books that the Doctor had donated to my Arizona library, prior to his death. Several years ago he contributed copies of his writings to the library in the Southwest Museum in Los Angeles, that are listed in a separate division of Kunziana in the Arizona Bibliography. These books relate to Dr. Kunze's activities as an Eclectic physician, developer of Cactus therapy, botanist and entomologist, on which subjects he was an enthusiast and an original investigator.

Phoenix has much of the enterprising spirit of Los Angeles and its business men are a bunch of live wires. I had the pleasure of meeting many of them at a Rotarian luncheon, when it was readily apparent that they were all wide-awake men. The principal subject discussed was a bond issue to provide funds for making various city improvements, and, notwithstanding the high cost of living, the proposal was indorsed unanimously. The city has the appearance of prosperity and everybody seems to be boosting for its growth and greatness.

Like Los Angeles, Phoenix is growing rapidly and developing metropolitan proportions. The two cities are similar in many respect, yet different. Each city has a fine climate and an adequate supply of water for every need. These two essentials are of vital importance in the building of any city. Los Angeles has its incomparable water system in the Owens River Aqueduct and Phoenix has its great Roosevelt Dam. These works guarantee their respective localities sufficient water for domestic purposes for all time. In good roads Los Angeles has the lead, but not for long, as Phoenix is rapidly forging ahead, and when all of her paved streets are finished she can show attractions equal to the best.

The winter climate of Phoenix beats that of Los Angeles. It gives a comfortable feeling to leave the fogs and cold, damp atmosphere of the coast for the warm, dry air of the desert. Both climates are equally good of their kind, but, like eating sugar as a regular diet, they grow stale and distasteful by long continued use.

There is a law of Nature that calls for a change occasionally in man's environment, in order to break the monotony of sameness. This act is easily accomplished here by merely changing back and forth from one to the other of the two best climates on earth, the Phoenix climate in winter and the Los Angeles climate in summer. This combination of climates cannot be excelled, as by such an exchange perfect comfort can be experienced throughout the year. By this arrangement

you catch happiness "gwine and comin'," as the darkies say, and it is of a quality that will bear repeating. Wealthy people from the frozen north and east, who are seeking comfort and are not afraid to spend their money for what they want, will continue to gather here in ever increasing numbers, to enjoy the warm sunshine of our cloudless days, and to absorb invigorating ozone from the dry, desert air.

One very important factor of Phoenix's future greatness is its fortunate location in the Salt River Valley. It is unquestionably the finest valley in the Southwest, and perhaps in the whole world. It is an empire in itself, and is as rich as Croesus in its resources. In its primitive state and without water it was a parched desert, but with water applied to its fertile soil it has become a paradise. Judged by what is now in evidence, you would never think that this spot had ever been a barren waste. The difference in appearance between the outside desert and the inside arable land is strikingly noticeable. As you approach the line of demarkation from the desert side, the barrenness suddenly ceases and visions of beauty appear in streams of running water amidst fields of living green, orchards bearing choice fruits and gardens filled with beautiful flowers. Stately cottonwood trees grow upon the banks of the irrigating canals and rows of shapely native ash trees line the highways and cast their grateful shade. Contrary to the prevailing impression that the Southwest has no autumn foliage, I was agreeably surprised to find many of the trees clothed in a gorgeous array of bright colors, which gives the landscape much the appearance of an eastern forest in the fall.

Generally speaking, the valley is in a prosperous condition. Field crops of all kinds have yielded an abundant harvest. Every variety of fruit, including oranges, lemons and dates, grow to perfection, and there is no scarcity of vegetables. Live stock abounds and the pastures and feed lots are full of fat cattle, horses, sheep and hogs. The three leading industries are cotton, alfalfa and cattle. It is a land of plenty flowing with milk and honey.

Wild cotton is indigenous to Arizona and has been used by the natives for making cloth from time immemorial. A few years ago the experiment was made of growing the long staple Egyptian, which proved to be a great success. Every year since the acreage has been increased, until this year it has reached the enormous amount of 186,000 acres, or nearly half of the acreage of the entire valley. The cotton crop has

been increasingly profitable from year to year, but this season the large harvest met a falling market, which forced the growers to store much of their cotton and hold for a better price. This experience will doubtless teach the farmers the important lesson of practicing diversified farming as of old, and not to invest all of their resources in a single crop.

One afternoon I attended a meeting of women's clubs with Colonel and Mrs. McClintock, at the Washington district school house, which was of the greatest interest. A variety of subjects were intelligently discussed by the ladies, and Colonel McClintock delivered an able address on the early history of Arizona. After the meeting some time was spent in getting acquainted and in social converse that was enjoyed by everybody.

The Arizona Republican is the leading newspaper and is ably conducted. It has just moved into new quarters in the recently completed Dwight B. Heard Building, where it has ample room. Being devoted to maintaining Republican doctrines, it is only natural that its managers should feel pleased with the results of the last election.

SPECIFIC MEDICINE PODOPHYLLUM

H. Ford Scudder, M. D., Los Angeles.

Specific Indications. "Full face, full, oppressed pulse, full tongue, with yellowish coating and dizziness."

The direct indication for Podophyllum is **fullness of the tissues**. It is called for in inactivity of the gastro-intestinal tract with thick, full tongue, heavy, yellowish coating at base, dull, heavy headache, dizziness, full sluggish circulation. In torpor of the liver and various functional disturbances of that organ, it may be used with advantage, as it increases the activity of the liver and upper part of the intestinal tract. It has a beneficial effect on the ductless glands, and favors blood making. Try it for deep seated pain in the right epigastric region, dullness and fullness in the region of the liver, dizziness, nausea and vomiting of bilious material, with alternate diarrhoea and constipation.

In small doses, Podophyllum acts as a gastro-intestinal stimulant and alterative. In larger doses, it is a slow, but certain cathartic. **Podophyllum is contra-indicated when there is irritation of the intestinal tract.**

Specific Medicine Podophyllum is an excellent remedy in all atonic forms of indigestion, and in gastric and intestinal

catarrhal conditions, in biliousness with inactivity of the liver, skin and conjunctiva yellow or sallow, urine scanty and highly colored, constipation, with hard, dry stools of grayish or yellow color. In chronic constipation, with these indications, and in hemorrhoidal conditions due to a sluggish portal circulation and deficient peristalsis, Podophyllum is a valuable remedy. Used in small doses combined with other alteratives or with the bitter tonics, it is highly recommended in dry, cracked conditions of the skin in children, in some forms of eczema, persistent pustular conditions, scrofula and old syphilitic lesions.

One of the most valuable uses of Specific Medicine Podophyllum is in the removal of biliary concretions or gall stones. Here it is to be given in large doses until it begins to operate, then followed immediately by about six ounces of olive oil.

The preparation used by us is invariably the Specific Medicine Podophyllum, given in doses of a fraction of a drop to five drops, in a little water, every hour for a day, then three or four times daily.

SPECIFIC MEDICINE COLLINSONIA

H. Ford Scudder, M. D.

Specific Indications. "Sense of constriction, with irritation in throat, larynx or anus."

Specific Medicine Collinsonia is especially helpful in relieving irritation of the mucous surfaces, especially of the intestinal tract and pelvic viscera, and in correcting conditions due to relaxed venous tissues, resulting in congestion. It is a valuable agent in atonic dyspepsia, especially when constipation is present, and in catarrhal gastritis with defective circulation.

In Rectal Disorders. In bowel affections, Specific Medicine Collinsonia has a soothing effect, with a tendency to heal and tone up the intestinal mucous surfaces; hence it is invaluable in many cases of diarrhoea and dysentery. It is a specific for hemorrhoids in the early stage, and is of much value in the advanced stages. It is indicated by a sense of constriction in the rectum, as if a foreign body were lodged there, with a feeling of fullness, heat and weight in the parts. For the hemorrhoidal conditions often present in pregnancy, prolapsus uteri or dysmenorrhea, try this remedy, which is useful also in all relaxed conditions of the mucous membranes of the lower bowel, especially in constipation with hemorrhoidal tendency,

due to vascular engorgement of the pelvic viscera. Collinsonia should be employed for spasms of the sphincter ani, for prolapsus ani, for inflammation of the mucous membrane of the rectum, and for correcting reflex disorders arising from various forms of rectal irritation. For hemorrhoids and rectal disorders, small doses should be employed.

℞ Specific Medicine Collinsonia, gtt. v to xv; Water ℥iv. M. Sig. A teaspoonful of the mixture four or five times daily.

For Catarrhal Conditions. In chronic catarrhal conditions of the mucous membranes of the pharynx, naso-pharynx and larynx, Specific Medicine Collinsonia is one of our best remedies. Chronic laryngitis, pharyngitis and some forms of chronic bronchitis are quickly benefited by its use. Here we have a relaxed condition of the mucous membranes, which are dark red in color, with enfeebled capillary circulation, irritation and a sense of constriction. Congestion or hyperemia of the vocal organs, loss of voice, irritable cough, sense of constriction, yield rapidly to the use of Collinsonia, which is the remedy for "minister's sore throat," or a like condition of the larynx and vocal chords in public speakers or singers, resulting from excessive use of the voice. For all throat affections it should be employed in large doses. ℞ Specific Medicine Collinsonia oz. 1, Simple Syrup oz. 2. M. Sig. A teaspoonful four times daily.

In Cardiac Affections. Along other lines, Specific Medicine Collinsonia is a useful remedy. It possesses a direct and permanent tonic effect upon the heart, and should be used in cases of debilitated heart from long-continued disease, and in irritation of the heart from protracted rheumatic disorders. In rheumatic carditis and chronic inflammation of the pericardium, Specific Medicine Collinsonia is efficient. It acts as a tonic to the entire urinary tract, considerably increasing the secretion of the kidneys, and it should not be overlooked in all catarrhal affections of the kidneys, bladder, and the entire genito-urinary organs.

INFLUENZA AND TUBERCULOSIS

Amberson and Burns supplement a previous communication on epidemic influenza among patients and employees of the Loomis Sanatorium, Loomis, New York, with a further analysis of the histories of patients who had influenza before entering the sanatorium and a record of the incidence and fatality of this disease among former patients. They also give a critical review of recent literature on the subject.

Of 1227 traced former patients, 70 contracted influenza and 16 (22.9 per cent.) died of the disease. Of 199 new patients admitted between November 1, 1918, and November 1, 1919, 42 or 21.1 per cent. gave a definite history of influenza. Of these 42, 18 knew they had tuberculosis prior to their influenza, while 26 gave a history of previous symptoms that were presumably tuberculous. In 12 cases the onset of tuberculosis was definitely post-influenzal.

The authors conclude that tuberculosis does not confer an immunity to influenza, that influenza is not less severe among the tuberculous, that among their own patients the case fatality was higher than among the general population, that among a certain number of individuals influenza marks the inception of pulmonary tuberculosis, and that to ignore or deny the possibility of pulmonary tuberculosis as a sequela is to unduly defer diagnosis and early treatment.

Amberson, J. Burns, Jr., and Peters, Andrew, Jr.; Influenza and Tuberculosis. A supplementary Report and Critical Review. American Review of Tuberculosis, April, 1920, vol. IV, No. 2.

SODIUM GYNOCARDATE "A" IN THE TREATMENT OF PULMONARY TUBERCULOSIS

Sodium gynocardate "A" is a salt of chaulmoogra oil. It has recently been suggested as a possible remedy for tuberculosis. M. Biesenthal of Chicago has recently employed it in treating ten patients at the County Hospital and the Chicago Winfield Sanatorium. Not a single patient showed any improvement of signs or symptoms and there were no sputum changes from positive to negative. In two cases acute reactions followed the injections.

Biesenthal, Max: The Use of Sodium Gynocardate "A" in Pulmonary Tuberculosis. American Review of Tuberculosis, April, 1920, vol. IV, No. 2.

SURGICAL HINTS

PELVIC ABSCESES—Free drainage of pelvic abscesses, says S. P. Cunningham, is an essential factor. The vaginal drain is favored on account of gravity, but where the abscess is large it is safer to drain both above and below, to lessen the risk of infecting the abdominal incision, should the vaginal drain become plugged.

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MALFORMATIONS

Malformations are congenital though they may not become manifest until the possessor is nearing physical maturity; and sometimes they are not suspected until the autopsy reveals the real cause of the many obscure symptoms. Should the malformation be external and result in deformity it is, of course, obvious even to the laity; but many times it is internal and it requires a very careful application of considerable knowledge of anatomy and physiology before the true conditions can be determined. In the study of such patients it is necessary to have in mind a clear picture of a person of like sex, age, and condition, and compare the two very minutely and with much detail. At the same time it must not be forgotten that a clear perspective of the entire matter is of final importance. No study of such a patient can be considered complete until a thorough examination with the X-Ray has been made. By this means many conditions can be instantly visualized, which by any other means would be seen "through a glass darkly," if at all. For example, a large percentage of the patients with chronic digestive troubles have deficient support to or more of the abdominal viscera, a disordered function results and a true

pathology follows. Such patients are but little benefited by medicine or diet and they drift from one doctor to another until they find some one who will devote the necessary time to make an accurate diagnosis. Not infrequently they turn to Christian Science and are taught to forget their troubles. How much better it would be to determine the exact conditions in chronic cases before beginning any sort of treatment. We are not attempting to exalt the province of diagnosis, but we do believe that the treatment of a chronic case should not be undertaken until the doctor has an accurate conception of the physical abnormalities which he hopes to correct.

AN UNFAILING PROCEDURE FOR DIAGNOSING OR EXCLUDING THE EXISTENCE OF ECTOPIC GESTATION

By Samuel W. Bandler

Adjunct Professor of Gynecology, New York Post-Graduate
Medical School and Hospital
New York

Ectopic gestation in the early stages, and even in the later stages, unless there be a hematocele of considerable size, or unless there be a marked internal hemorrhage, is often difficult to diagnose. The tube may not be very large, it may be displaced, or it may be imbedded in a small amount of blood. Its size and consistency may not be sufficiently characteristic to justify, from bimanual touch alone, the existence of a pregnancy in the tube. Accumulation of fluid in the tube, small ovarian cysts, tubo-ovarian cysts of small size, or of larger size, may be associated with pain, uterine bleeding and spotting, and the other symptoms which stimulate the supposedly characteristic signs of a tubal pregnancy. To make a differential diagnosis from early abortion is most frequently demanded of us.

These cases may be kept under observation for many days without a definite conclusion being reached. Cases may be dismissed from observation, or curetted because of diagnosis of uterine abortion or other uterine disease, and may subsequently come nigh death's door from tubal rupture or tubal abortion.

A small hematocele may simulate a tubal or tubo-ovarian inflammatory condition or ovarian tumor, only to have the constitutional symptoms of severe internal hemorrhage make the correct diagnosis. Hematocele, by infection or by other

changes, may lead to operation and thus to late recognition of the real condition.

It is possible, too, that many cases are not recognized as ectopic gestation and, not going on to tubal abortion or tubal rupture or to the formation of a hematocele, go on unrecognized with subsequent formation of an hemato-salpinx, or possibly may go on to complete resorption.

It is important to make a definite differential diagnosis between tubal gestation and other conditions. It not infrequently happens that a case may be under observation for days or even weeks, it may be examined under anesthesia, it may be curetted, and yet the existence of a tubal gestation may not be definitely determined. When the tubal condition, with or without a peri-tubal hematoma, does produce a tangible tumor it often furnishes sufficient indication to the surgeon for the performance of an abdominal operation on the principle that something being wrong it is just as well to remove it.

It is not a pleasant thing to send a patient home from the hospital after an observation of ten days (having had ectopic gestation in mind), and then to have that same patient return in a week or two, almost dead of a severe and constant internal hemorrhage. Cases are known where ectopic gestation was diagnosed as a tubal inflammation, and yet that case went on producing an actual or pseudo-abdominal gestation.

Now, in doubtful cases errors may be avoided and days and weeks of observation may be spared and a sure, definite diagnosis of the condition of the tubes and the uterus may be obtained by the simple procedure of a posterior or anterior colpo-celiotomy, preferably the latter. The uterus is examined with the sound, it may be curetted; the amount and character of the scrapings may be noted; examination of the adnexa may be made under the most favorable opportunity by delicate bimanual touch, and then the peritoneum is exposed or the peritoneal cavity is entered, preferably by the anterior vaginal route, and in this way the uterus, tubes and ovaries are brought into view. The diagnosis is made, and if ectopic gestation is found the operation may be completed by the vaginal path. And if, for any reason, because of technical difficulties, or lack of skill on the part of the operator, or because there is active bleeding going on, the operation is not to be completed vaginally, the vaginal incision is closed and the operation is completed by the abdominal path.

It takes at most three to five minutes to reach and enter the peritoneal cavity per vaginam, and in a large number of instances, if one is doing the operation simply for diagnosis

and wishes to complete it abdominally, the procedure takes even less time, for it is not always necessary to open the peritoneum. In the vast majority of instances, save in a few extremely early cases, as soon as the bladder is separated and the vesico-uterine fold of the peritoneum is exposed one gets the dark blue shimmer, typifying the presence of ectopic gestation, the same discoloration that one finds in an abdominal operation when there is a large amount of fresh or collected blood in the peritoneal cavity.

Since the first of last October, in thirteen cases of ectopic gestation, I have made use of this procedure five times. In each case the bluish discoloration before opening the peritoneum, i. e., in the vesico-uterine fold, was typical. As stated before, this symptom alone is sufficient to justify the diagnosis of ectopic gestation with smaller or larger amounts of blood in the peritoneal cavity.

There are two methods of incision; one is the transverse, with a blunt dissection of the bladder from the anterior wall of the cervix, after which a narrow retractor is introduced underneath the bladder and the vesico-uterine fold of peritoneum comes into view. This method is quite sufficient in women who have had one or more children, for in such cases the uterus is fairly large and the cervix wide, the mucosa is thick and quite an extensive area of the vesico-uterine fold of peritoneum can be brought into view. In women who have had no children, the cervix, with few exceptions, is narrow, the vaginal mucosa is thin, the separation of the bladder from the anterior wall of the cervix and uterus is not so easy, and the retractor introduced underneath the bladder exposes the vesico-uterine fold of peritoneum less distinctly and to a lesser extent than in the multipara. In these cases, and of course also in some of the multiparous cases, a longitudinal incision is added to the transverse; the bladder is separated from the anterior wall of the vagina as well as from the anterior wall of the cervix and uterus, and in this fashion in practically every case the vesico-uterine fold of peritoneum is readily exposed.

The value of this anterior incision lies in the fact that we are enabled, when desired, to open the peritoneum, to enter the peritoneal cavity, to make a digital intraperitoneal examination, to bring the uterus and adnexa into the vagina and to perform the operation at the same time if all conditions are favorable. By favorable conditions we mean the absence of rapid fresh bleeding. When only dark, thick, clotted blood or clots are present, there is little difficulty in bringing the uterus into the vagina and exposing the tube by digital touch. The

size of the tube is ascertained, and adhesions of the tube to the hematocele or to surrounding structures are readily loosened, and in that manner the tube is readily brought into view. If the size of the tube is great, if the tube is quite long, if the mesosalpinx is very friable, attempts at vaginal removal must not be carried further. At any rate the whole procedure, up to the point of determining whether the vaginal operation is feasible, takes at the most five to eight minutes. As stated before, if the anterior or vesico-uterine cul-de-sac is simply exposed or if a slight opening is made in it, for diagnostic purposes, the whole procedure takes less than three to five minutes.—(Archives of Diagnosis.)

MELANCHOLIA

Bishop McMillen, M. D., Shepard, O.

Melancholia is the depressed form of insanity. It is one of the three great classifications. The patients are usually able to be up, dressed, and about the house and grounds. Often they do some work, and are fully conscious of what is going on, but many are so absorbed with their thoughts that they will not speak nor answer to indicate that they are aware of what is passing on about them.

Authors have written large text-books on melancholia, giving full descriptions of the many sub-classifications of the various forms, but I must be brief and leave details to them. I will only consider a few practical points of interest to you. Ill health, shock, emotional disturbance, deranged digestion, all of which are followed by enfeebled nutrition, are a few of the common causes of melancholia. The vital forces are always lowered. The brain cells are most always normal in the beginning, but if nutrition of the brain is defective for a long while, microscopic degeneration may follow in a few months and prevent complete recovery. Every effort in treatment should be to return the patient to the normal in looks, in thoughts, in words, in acts, and to hasten normal functions and habits in all ways. Every physical and mental function is lowered, slowed down and depressed. Respiration is never full, the patient sits leaning forward in a cramped position, and as a result the blood only receives a partial supply of oxygen; for that reason I have a spirometer used to increase the action of the thoracic muscles. Calisthenics also aids oxygenation of the blood, but it often takes much effort to urge many melancholic patients to make and keep up sufficient effort to bring results. This

loss of energy is a cause of much sorrow to the patient and annoyance to the nurse.

If I were asked to diagnose melancholia by asking one single question, that question would be, "Does the patient accomplish the usual amount of work, and do it as well, and in the usual length of time, physical health and surroundings being considered?" It will be found that the work is always below the normal. If to the above, sleep is disturbed, and there is an ache in the back of the neck, and there is a fixed depressed facial expression, absence of smile, lack of attention, all these continued for several days, it is then evident that the patient has a case of simple melancholia.

Delusions and hallucinations are often met with in melancholia. Illusions are not so common as they are in mania. "All insane patients do not have delusions, but all persons who have delusions are insane." "A delusion is a false belief, something a patient believes for a more or less extended period of time, which is neither sustained by reason or investigation, but from which no argument will convince." Melancholics do not always have delusions, but when they do exist they are of a depressed character. There are several forms, and may be on any subject of thought. Delusions of persecution are very common. The person thinks he is getting the worst of it in every way, and may accuse any one, and often his best friend, of mistreating him. Delusions of self-persecution are directly the opposite; here the patient is always the wrong-doer. With these two central ideas as a foundation in melancholia many delusions may be developed. In the one the patient is wronged by some one; in the other the patient has done wrong. These may be rephrased and changed into many stories that a patient may repeat for months or years. Often hallucinations of sight or hearing are the source from which the delusion has its beginning, and it may be hard to determine between them. But if we will remember that hallucinations are of the special senses, while delusions only have to do with thoughts alone, a diagnosis can easily be made.

There often are delusions of a single thought, but as time passes they grow to include many ideas. These ideas become all-absorbing and fill the mind, crowding out normal thought until the subject is paramount and the patient cannot turn the thoughts to other things and hold the mind to it. If reading, the paper is dropped and the deluded idea holds sway, the emotions are all depressed, self-control is lost, will power is weakened, work ceases, interest is lost in everything natural. Digestion is deranged because of the depression of the mind,

nutrition is always below normal, and anemia always results after a few weeks' time. In this condition the patient soon loses hope and abandons effort, and sits helpless, and often cannot be urged to throw off the unnatural state and help to recover the normal. Attempts at self-destruction are sometimes considered by the patient. At this stage the physician is called in, and it often takes weeks and months to re-establish normal functional activity, and there must be constant watchful care.

It is a common error for the friends to use deception, and to agree with the patient as to the truth of the delusion. It is always best to try to correct the error. Tell them the truth about everything, just as if they were sane, and help sustain and lead the mind back into normal channels of thought. Tell them their mind is wrong at once, and thereby retain their confidence and good will. Never whisper in their presence; tell them everything. They are as able to detect deception as they ever were, and if deceived lose confidence in those they have always trusted.

The treatment with drugs and other measures is but a part. Well-directed discipline and positive talks are essential to recovery. For this reason the patient should be placed with specially trained physicians and nurses, who know and can anticipate the changes that are most liable to develop. There are many tricks that patients do that can be prevented if the attendant is capable of detecting before a habit is formed. For these reasons sanitariums are the best places for acute cases. State hospitals often are the proper places, at public expense, when melancholia does not yield to treatment in the first six months, because of the financial drain. History shows but a very small per cent of recoveries in less than four months. The usual time of recovery in melancholia is four, six or nine months, although many cases recover after from one to two years, or a longer duration.

Treatment should consist of constant and careful watching, with firmness and all possible kindness, and an experienced attendant to prevent accident. Treatment at home is very trying on relatives and friends, and insane patients will impose on the sympathies of their family and grow irritable at their dictations. For this reason most all are removed from home and placed in a specially equipped institution. A specialist should be in consultation and see the patient often, if not actually in charge of the case. There are many details in the management to be met as well as in the proper medication.

Specific diagnosis and medication give as good results here

as in acute diseases of a purely physical character. Hypnotics are to be used, often in large doses when necessary to secure sleep. Over-medication should be carefully avoided. They should be special remedies, not regular, and not every night if they can be avoided. Sedatives, such as passiflora, hyoscyamus, asafetida, etc., are also to be considered as temporary remedies. Remedies that improve digestion, as pepsin, papain comp., hydrastis, etc., are usually needed to give a good appetite. Full feeding and good nerve tonics usually re-establish normal nutrition, and they boost the patient on the high road to mental restoration.—(National Quarterly.)

ARIZONA SURE TO BE DENSELY POPULATED, DECLARES DR. MUNK

Dr. A. J. Munk of Los Angeles has seen Arizona both before and after, from the bottom and the top, from the inside and outside, and the more he sees of it the more attractive it becomes to him. Though he has not claimed a residence here for nearly thirty years, he makes no fewer than four visits to the state every year, not so much for the purpose of looking after his extensive interests which he and his brother, Judge E. R. Monk, still retain, as to get another view of the beauties and the varied wonders of Arizona.

Dr. Munk (it will be observed that his brother persists in spelling it "Monk") arrived at Willcox in 1884 to engage in the cattle business which was then in the hands of a comparative few large cattle companies. There were then in that part of the territory the Chiricahua Cattle Company, the Hooker Company, the Eureka, the San Simon and the McKittrick interests.

Dr. Munk and two of his brothers settled on the south side of Railroad Pass in Cochise county. They adjudged from the appearance of the country, that is, from the verdure, that there must be water at no considerable depth, though there was none in sight. There were many dry springs, but at last they developed one at a depth of three feet and found a sufficient flow of water to be piped to the various parts of the range they then took up. Their holdings were later increased until now they have seven square miles, partly owned and partly leased, under fence. They have enough feed to sustain 1,000 cattle and their increase. In those days the whole region was open country.

In 1901, Dr. Munk became interested in northern Arizona. He was attracted there, not so much by the money-making opportunities offered as by the wonders of that region. By that time he was well under way of becoming the collector of

the greatest volume of literature on the subject of Arizona. He had begun in a small way, a few weeks after he came to the territory, to gather information from various sources for personal information. He continued, spurred by his ever-increasing interest in Arizona, and he has kept it up since until the collection now embraces 15,000 volumes, which he some-time ago presented the Southwest Museum at Los Angeles. In 195, he prepared a bibliography of Arizona which he believed embraced everything that had been written about it. But since then he has doubled the volume he then had included.

Among the latter acquisitions is "Reid's Tramp," describing the journey by the author in 850 from Selma, Ala., to San Francisco. There are only four known copies of this work for which Dr. Munk paid 25. The author was a first lieutenant in the force organized for the relief of the Crabb filibustering expedition into Sonora, and he was one of the few who escaped the massacre at Magdalena, by the forces under command of Governor Pesquiera.

More has been written about the Southwest, said Dr. Munk, than about any other part of the country. That has been because it was visited by white men earlier and because, also, of its greater interest than that of any other part of the country. It was well known to travelers and scholars long before the Pilgrim Fathers landed at Plymouth. There were marks of a civilization here, if not of culture. There had been an organized community such as there had been nowhere else in any territory now embraced by the United States. It mattered not that little or nothing was known of the organization; in fact, on that account it was the more interesting.

Arizona, said Dr. Monk the other day, is always new and strange; one never tires of its beauty or its grandeur. The more he sees of it the more he desires to see, and that is why he is attracted back here year after year.

But nothing, said the doctor, is more wonderful than the development of the Salt River Valley. It is such a garden spot as can be found nowhere else. There is not such another valley in the Southwest, and, he said, he doubted if there was such another in the world. It possesses everything that men should desire. Its climate beats that of California in the winter; it is warmer and dryer without any of that chill and fog which remind the visitor of the discomforts he had come west to escape. A visitor to the valley takes on new life. Nothing in the way of development seems impossible here, so that one naturally wonders what else can be done. It lacks only a good roads system to bring the people here and keep them here after they have come. More and more the people

of the north are seeking the southwest. Most of them have money and will cheerfully spend it if they are given an opportunity to get those comforts which they want. The Southwest, said the doctor, is destined to become the most densely populated part of the union.

In the early days there were but two industries, livestock and mining. The population was floating. Not one resident in ten expected to spend his days here. Now there is a different population. It is made up of people who have come to stay. The doctor was impressed by the character of it in the assembly he addressed at the Woman's Club the other day. Nothing he had seen appeared to him more wonderful than that change from the old days.

The history of Arizona, said Dr. Munk, should be taught in the schools.—The Arizona Republican.

DID WE FIGHT IN VAIN?

We have met the enemy and they are ours"—Are they? Autocracy, as fostered by the "Central Powers," was silenced but "a man convinced against his will is of the same opinion still." Yes, we fought and conquered, but why did we fight and did we fight in vain? Has the end for which we fought actually been accomplished?

Four million of America's best young men were assembled, armed, equipped, and trained. Two million went overseas—50,327 gave their lives, not for territory, not for loot. No, no. We proclaimed that what we wanted was to stop war. That was why our soldiers went to France, fought and died. "They fought," said our Secretary of War, "to put an end to war, and the men who lived in the trenches, under shell fire—who saw high explosives and were bombarded from the clouds, want an end put to war."

In the face of the world's croaking and as a result of America's urging the League of Nations was formed and made a part of the Treaty of Peace.

It was formed by the legal representatives of the Allies in council, the only way it could be formed, and was made a part of the Treaty of Peace for the purpose of keeping the world in mind of our present purpose and future intention—to prevent future wars.

The proposal that we now go back on all this, desert and insult our Allies, and put ourselves outside their company and line up with Germany, Russia and Mexico is inconceivably base. It means our Honor and Honor to right minded men means more than life itself.

If we have no thought of Honor, have we no duty to these fifty thousand and more men who gave up their lives?

The League of Nations was planned by the combined counsel of the representatives of the nations lately under arms to avert future war and to bring to a quick conclusion any conflict that might break out.

A number of subsidized conscienceless newspapers have been most industriously printing editorials and cartoons in an effort to make it appear that the League of Nations would get America into war. It is the exact opposite of the truth, for the League of Nations is the concerted effort of the civilized nations of the world to stop war, and war can be stopped in no other way.

But by cunningly pounding away at this lie such papers eventually lead the ignorant to think it is the truth. For America to remain out of this League would tend to perpetuate the old order which always has produced war and always will produce war. When we had no League we were drawn into a European war, were we not? Suppose it should be necessary for a few of our soldiers to help do police duty—which is better? Do you want to live in a community carefully watched by police officers or one torn to shreds by a mob?

The consequences to ourselves and the world of the United States failing to enter the League can not be measured, but no one has more clearly prophesied the results than Secretary Baker:

"If we stay out of the League, which now exists, and it fails for want of our help, Europe will redivide into alliances seeking to establish a balance of power, and the next explosion there will scatter its fragments on our shores, just as this one did, and finally draw us in. On the other hand, if we go into the League we will help to erect a unanimous opinion of mankind on international questions, and no nation would be strong enough or foolhardy enough to embark in a war against the unanimous judgment of mankind."

As to our signing away our rights—that is ridiculous, perfectly silly and reminds one of nothing so much as the spoiled and pampered child who pouts and "won't play" because some other child is recognized as being present, too.

Thirty-nine nations have already entered the pact. They did not do this hastily or rashly. They knew the risks. And every one of these nations is just as jealous of its national integrity, its sovereignty and its honor as we are.

No, it is not a question of national rights or world good. The only reason today why the United States is withholding her hearty co-operation in a movement for World Peace and

retarding civilization in a step forward is because a few pampered and supremely selfish blatherskites who have no Honor and no respect for our fifty thousand heroes who died, pouted, pulled hair, kicked down the play house and everybody else's shins, filled the atmosphere with vile vituperation and went home to build a play house of their own.

And that is just what they are now intimating they will do—build a League of their own, build a League centered with a great big "I".

To the great medical profession we put the question—to the profession than which no other class of men sacrificed more or more willingly—"Did we fight in vain?" Did we sacrifice and fight to stop war only to have our labors lost because of the diabolical and supreme selfishness of some few demagogues?

Every member of the medical profession is an educated leader among men and every member of the medical profession should now insist on our nation's honor and our duty to the fallen heroes.—The Charlotte Medical Journal.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1921, D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. P. M. Welbourn, M.D., Los Angeles, Cal., President; C. Ohnemuller, M.D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1920. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. W. D. Coates, Cedarville, California, writes that there is a good location at Ft. Bidwell, Modoc County, where is located an Indian school, at present without a doctor.

Dr. B. F. Wilbourn, R. F. D. No. 1, Chico, California, says that there is no Eclectic-physician in Chico, which is a thriving town in Northern California.

Died: Dr. Andrew O. Conrad, C. E. M. C., 1892, died at his home in Glendale, California, on Christmas day after a long

illness, aged 52 years. Dr. Conrad died as a result of exposure to X-Rays, as for many years he practiced electro-therapeutics exclusively.

Prof. J. U. Lloyd, Cincinnati, has been very ill with pneumonia but is now convalescing. Mrs. O. C. Welbourn of Los Angeles is at her father's bedside.

Dr. D. A. Stevens, Los Angeles, who bought the practice of Dr. H. T. Cox, has sold out and will locate elsewhere.

Dr. E. A. Pierce, Portland, Oregon, a close friend of Dr. U. C. Coe, is spending some time in Southern California for a much needed rest.

Dr. L. H. Freedman, Sawtelle, is wanting a physician to take his place for a few months.

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CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to December 1, 1920, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles	1.00	.90
Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio	2.00	1.80
National E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio	1.00	.90

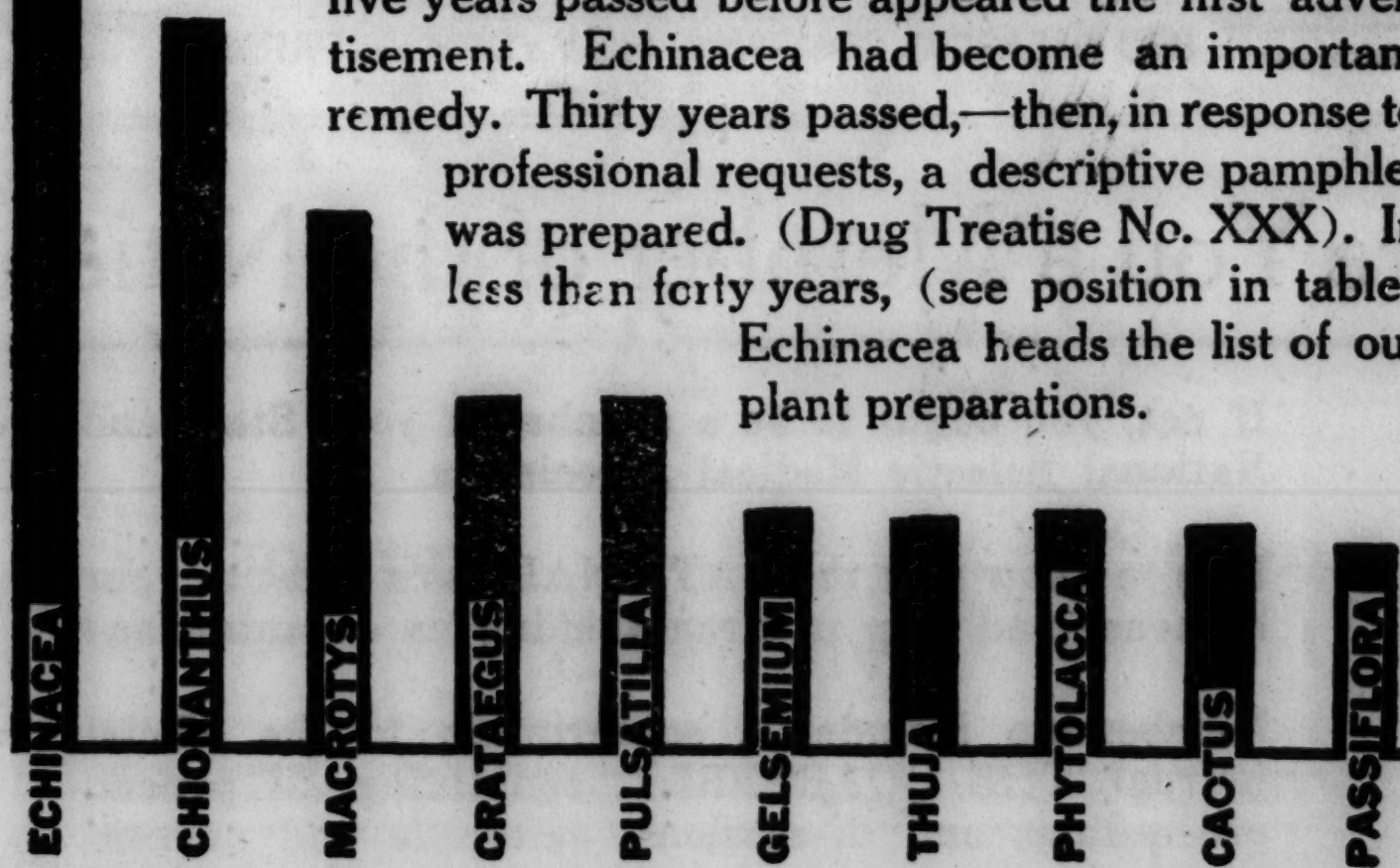
You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

Concerning Echinacea 1885 to 1921

- Originally employed by the Indians and Pioneers.
- 1885—Announced by an itinerant physician (Dr. Meyer.)
- 1887—Introduced to the profession by Dr. John King.
- 1880—A tincture was prepared for the use of investigating physicians, but not advertised, (Lloyd Brothers.)
- 1894—Label prepared by Dr. Felter giving therapeutic uses.
- 1899—First advertisement in Medical Journal, (Lloyd Brothers.)
- 1917—First historically descriptive pamphlet, (Lloyd Brothers' Drug Treatise No. XXX.)
- 1920—Heads the list of plant preparations, Lloyd Brothers' Laboratory, (See Table.)

Summary

Ten years' use of Echinacea passed without descriptive label or circular. Its use constantly increased. Twenty-five years passed before appeared the first advertisement. Echinacea had become an important remedy. Thirty years passed,—then, in response to professional requests, a descriptive pamphlet was prepared. (Drug Treatise No. XXX). In less than forty years, (see position in table) Echinacea heads the list of our plant preparations.



The above diagram was made by Professor Everett I. Yowell, Cincinnati Observatory, from Laboratory Statistics. (Out of 239 Plant Remedies, the lines represent the first ten.)

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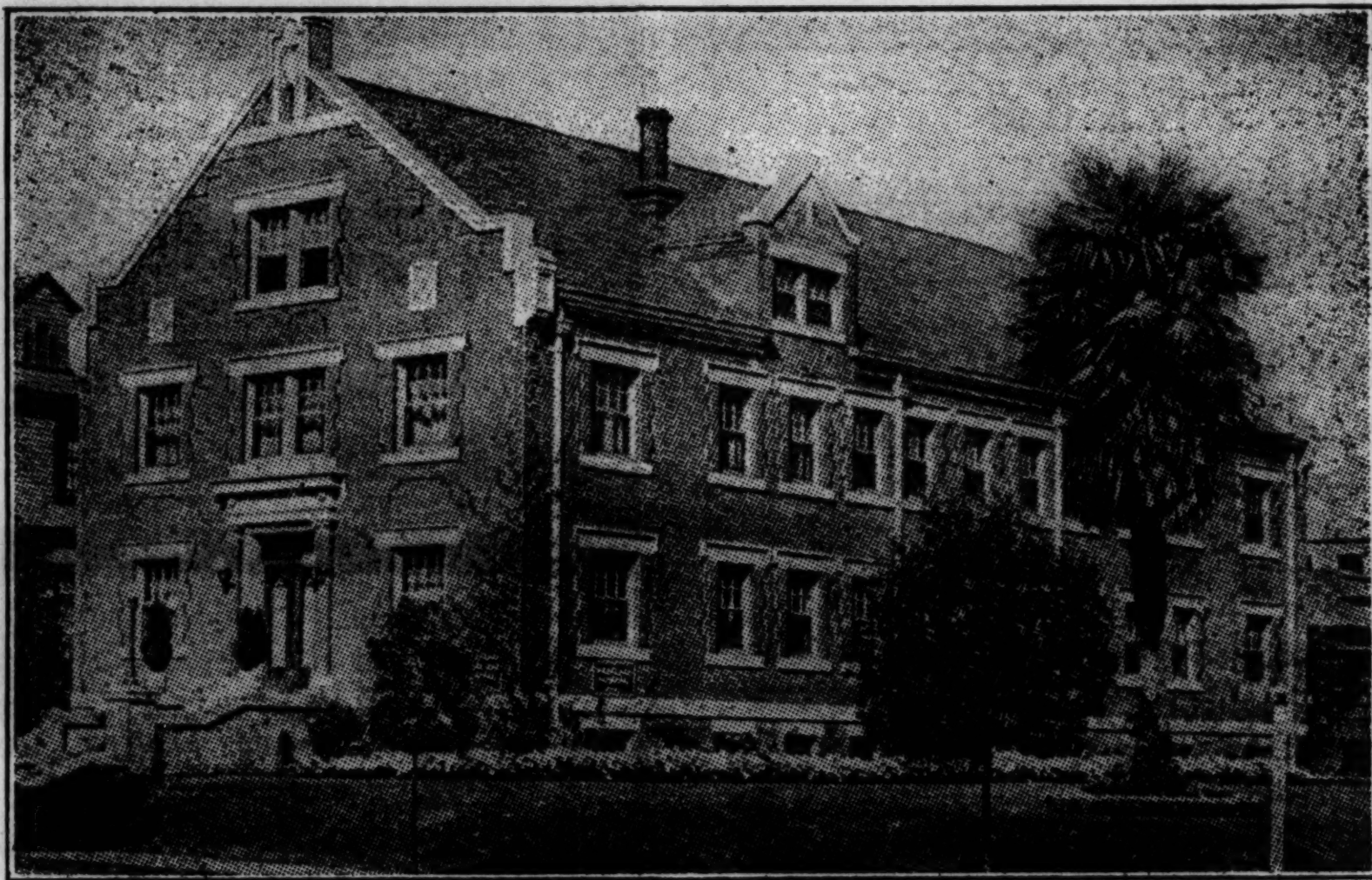
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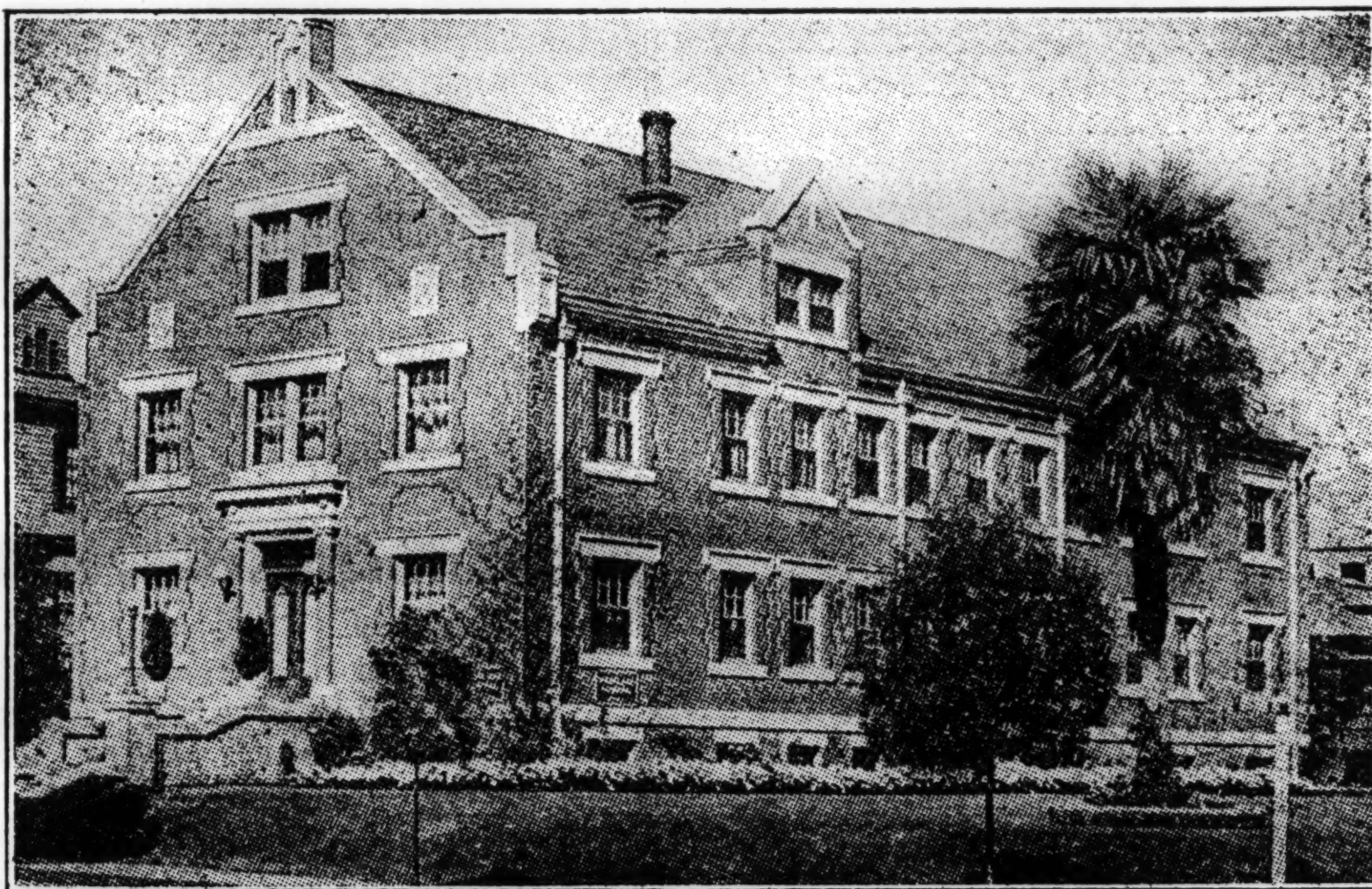
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